LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Executive Director (XB) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients, (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Atzheimer's Dementia.

0//30/20ID 03:03 ART REGAST 2 LIEC UMNO FORM APPROVED **ERVICES** DEPARTMENT OF HEALTH AND HUMA. OMB NO. 0938-0391 DENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (XI) PROVIDER/SUPPLIER/CLIA COMPLETED ATEMENT OF DEFICIENCIES TO PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 07/14/2010 445167 STREET ADDRESS, CITY, STATE, ZIP CODE IAME OF PROVIDER OR SUPPLIER 80 JUSTICE ST LIFE CARE CENTER OF CROSSVILLE CROSSVILLE, TN 38555 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES 1D PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) 1D REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX DEFICIENCY) TAG What measures will be put into place or F 315 3) F 315 Continued From page 1 What systematic changes will you make Medical record review of the Minimum Data Set to ensure that the deficient practice will dated July 9, 2010, revealed the resident had not recur? impaired short and long term memory, required The RN Staff Development Coordinator will total assistance with all activities of daily living, Complete a monthly Pericare and Handwashing had an indwelling catheter (tube to empty the Audit of 3 residents residing on each wing of bladder of urine), and was bedfast. The facility and submit the results of this Audit to the QA committee. Education of Medical record review of a physician's order C.N.A staff will be conducted at the completion dated July 12, 2010, revealed "1. Ceftin 7/28/10 Of the on site audit. (antibiotic) 250 mg (milligrams) via tube BID (two times a day) X (times) 7 days UTI (Urinary Tract How will the corrective action be Accomplished for those residents Infection)...' found to have been affected by Observation on July 13, 2010, at 2:00 p.m., in the Deficient practice? resident's room, revealed Certified Nurse The Director of Nursing will present Assistant (CNA) #1 provided incontinence care The findings of the Pericare and Handwashing for the resident, after the resident was incontinent Audit to the Quality Assurance Committee of bowel. Continued observation revealed the monthly for three consecutive months. resident lying in bed, positioned to the right side The Quality Assurance Committee consisting of and CNA#1 (with a wet washcloth with water and The Executive Director, Director of Nursing, soap) washed the resident's anal area (with the Medical Director, Pharmacist, Business Office Manager, Staff Development Coordinator, bowel movement), and without washing the hands or changing the gloves, repositioned the Director of Medical Records, Director of resident on the back; used another washcloth wet Environmental Services, Director of Maintenance, Director of Social Services, with soap and water, washed the resident's Director of Admissions, Director of Rehab vaginal/labia area from the rectum to the pubis Services, Director of Activities, Director of using a back to front motion, contaminating the Food and Nutrition Services, and Director vaginal/labia and catheter area three times. Of Marketing will review the findings and Continued observation of the resident's urine in Make recommendations and develop

the catheter tubing revealed the urine was cloudy.

Review of the facility's Personal Hygiene Care for the Female Resident revealed "...Always proceed from the least contaminated area to the most contaminated area...Seperate labia and wash urethral area first wiping downward from the front

to the back. Note: If the resident has an indwelling catheter, gently wash the juncture of the tubing from the urethra down the catheter

Plans of action if any areas are noted to

Be non-compliant.

7/28/10

\$1730/2010 03:03 **A313802712** LICE CHKE FORM APPROVED RVICES EPARTMENT OF HEALTH AND HUMAN OMB NO. 0938-0391 ENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING 07/14/2010 B. WING 445167 STREET ADDRESS, CITY, STATE, ZIP CODE ME OF PROVIDER OR SUPPLIER 80 JUSTICE ST IFE CARE CENTER OF CROSSVILLE CROSSVILLE, TN 38555 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X4) ID PRÉFIX TAG DEFICIENCY) TAG F 315 F 315 Continued From page 2 about 3 inches. Gently rinse and dry the area...Wash the rectal area thoroughly, wiping from the base of the labia and extending over the buttocks..." Interview with CNA #1 on July 13, 2010, at 2:05 p.m., confirmed the resident's vagina was washed from the anal area to the pubis using a back to front motion, contaminating the vaginal/labia area, and did not wash the catheter tubing. Interview on July 14, 2010, at 10:35 a.m., with the Nurse Practioner at the West nurse's desk confirmed the resident was currently being treated with antibiotics for a UTI, and had been hospitalized in May 2010, with diagnosis of Sepsis (presence of bacteria in the blood) from an UTI. F 441 483,65 INFECTION CONTROL, PREVENT F441 F 441 SS=D: SPREAD, LINENS What corrective action will be The facility must establish and maintain an Accomplished for those residents Infection Control Program designed to provide a found to have been affected safe, sanitary and comfortable environment and By the deficient practice? to help prevent the development and transmission The Director of Nursing (DON) educated of disease and Infection. Two C.N.A's who cared for resident #7 on 7/12/10 on the facility Hand Hygiene (a) Infection Control Program And Glove Use Policy and The facility must establish an Infection Control 7/28/10 Procedure on 7/28/10. Program under which it -

(1) Investigates, controls, and prevents infections in the facility:

(2) Decides what procedures, such as isolation, should be applied to an Individual resident; and (3) Maintains a record of incidents and corrective

actions related to infections.

(b) Preventing Spread of Infection (1) When the Infection Control Program

Facility ID: TN1801

07/30/2010 09:03 3313803213 LICE CHRE FORM APPROVED **JERVICES** DEPARTMENT OF HEALTH AND HUM, OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA TATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: ND PLAN OF CORRECTION A. BUILDING B. WING 07/14/2010 445167 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 80 JUSTICE ST LIFE CARE CENTER OF CROSSVILLE CROSSVILLE, TN 38555 (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X4) ID CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG How will you identify other residents F 441 2) Continued From page 3 Having the potential to be affected by F 441 determines that a resident needs isolation to the same deficient practice? prevent the spread of infection, the facility must The RN Staff Development Coordinator, isolate the resident. (2) RN Unit Managers, Director of Nursing, (2) The facility must prohibit employees with a And (2) LPN's educated facility C.N.A's communicable disease or infected skin lesions On the facility Hand Hygiene and from direct contact with residents or their food, if Glove Use Policy and Procedure on direct contact will transmit the disease. 7/28/10, 7/29/10, and 7/30/10. The RN (3) The facility must require staff to wash their Staff Development Coordinator completed an hands after each direct resident contact for which Audit on 7/28/10 of the Hand Hygiene and hand washing is indicated by accepted Glove Use practices completed by (3) C.N.A's on 7/28/10. The C.N.A's observed, professional practice. Completed Hand Hygiene and Glove Use practices according to facility policy. 7/29/10 (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of What measures will be put into place or What systematic changes will you make infection. to ensure that the deficient practice will not recur? The RN Staff Development Coordinator will This REQUIREMENT is not met as evidenced Complete a monthly Hand Hygiene and Giove Use Audit of 3 residents residing by: Based on medical record review, observation, on each wing of the facility and submit and interview, the facility failed to prevent the the results of this audit to the QA committee. spread of infection for one resident (#7) of Education of C.N.A staff will be conducted 7/30/10 at the completion of the on site audit. twenty-six residents reviewed. The findings included: Resident #7 was re-admitted to the facility on May

Resident #7 was re-admitted to the facility on May 21, 2010, with diagnoses including Sepsis due to a Urinary Tract Infection, History of Pneumonia, Adult Failure To Thrive, and Alzheimer's Dementia.

Medical record review of the Minimum Data Set dated July 9, 2010, revealed the resident had impaired short and long term memory, required total assistance with all activities of daily living, and was bedfast.

Event ID: ES3K11

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FORM APPROVED OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMA TRVICES						FORM APPROVED OMB NO. 0938-0391					
TATEMEN	RS FOR MEDICARE TOF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED				
		445167	B. Wi	NG _			07/14	1/2010			
LIFE CARE CENTER OF CROSSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 80 JUSTICE ST CROSSVILLE, TN 38555							
(X4) ID PREFIX TAG	JEACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	ЭX		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP! DEFICIENCY)	DILD BE	(X5) COMPLETION DATE			
F 441	resident's room rev Assistant (CNA) #1 Practical Nurse (LF positioning the resi wounds on the resi observation reveals legs (open wounds without washing the adjusted the resident Cobservation on Juli resident's room, re incontinence care if resident was incon observation reveals resident's (bowel in area and without withe gloves adjusted three times. Interview with CNA p.m., in the resider touched contamina resident's legs and	y 13, 2010, at 9:05 a.m., in the realed Certified Nurse assisted the Licensed PN) treatment nurse with dent during the treatment for dent's feet. Continued ed CNA #1 held the resident's adjusted the covers, and a hands or changing the gloves ont's oxygen mask six times. y 13, 2010, at 2:00 p.m., in the exaled CNA #1 provided for the resident, after the timent of bowel. Continued ed CNA #1 washed the novement soiled) anal/buttocks ashing the hands or changing the resident's oxygen mask with on July 13, 2010, at 2:05 at 5 room confirmed CNA #1 sted areas: anal/buttock area; bedding, and touched the mask with contaminated hands,	F	441	4)	How will the corrective action be Accomplished for those residents found to have been affected by Deficient practice? The Director of Nursing will prese The findings of the Hand Hygiene Glove Use Audit to the Quality As Committee monthly for three cons The Quality Assurance Committee The Executive Director, Director of Medical Director, Pharmacist, Bus Manager, Staff Development Coor Director of Medical Records, Director of Medical Services, Director of Maintenance, Director of Social St Director of Admissions, Director of Services, Director of Activities, Director of Marketing will review the findi Make recommendations and devel Plans of action if any areas are not Be non-compliant.	and surance ecutive month consisting of f Nursing, siness Office dinator, ctor of of ervices, of Rehab irector of Director ings and op	7/28/10			